



“Life of the Case” Analysis

Transition Planning/Independent Living

1. OUTCOMES

- ☐ Youth have Capacity to Meet Living Expenses
- ☐ Youth Continue to have a Safe, Stable Place to Live
- ☐ Youth have Access to Resources to Attain Education
- ☐ Youth have Skills to Maintain Positive Personal Relationships
- ☐ Youth are Educated to Avoid High Risk Behaviors
- ☐ Youth Maintain Access to Needed Physical and Mental Health Services

Indiana provides access to Independent Living (IL) services for all youth over age 14 in foster care or formerly in foster care. Youth are also provided with Transition Planning (TP) services six months before their expected emancipation from care. The purpose of these services is to prepare youth to successfully transition out of foster care into independence, and provide resources to the youth for support during the transition period. Ultimately, the goal is for former foster children to lead successful, independent lives when they transition from the State’s care.

In Indiana, IL and TP services are not provided directly by Family Case Managers (FCMs), but are instead provided through purchase of service providers. Licensed Child Placing Agencies (LCPAs) and Child Caring Institutions (CCIs) generally provide IL services as part of the regular suite of services for children in their care. For children not placed through LCPAs or CCIs, or for those placements that do not otherwise provide IL services, DCS provides them through referral to private agencies. By policy, all children, regardless of their placement, are to be provided with TP services beginning six months before their emancipation from foster care.

The State’s IL and TP services are paid for by leveraging federal dollars generally referred to as “Chafee Funds.” Under Title IV of the Social Security Act, the federal government allocated funds for the implementation of the Foster Care Independence Act of 1999, Public Law 106-169. The law amended Section 477 of the Social Security Act (42 U.S.C, 677) and the former Independent Living Initiative with the John H. Chafee Foster Care Independence Program (CFCIP). CFCIP requires 20% match for the states to secure its total allotment. CFCIP increases from \$1,000 to \$10,000 the assets that a young person in foster care can have and still maintain their eligibility for Title IV-E funded foster care. CFCIP increases funding for independent living activities, offers increased assistance including room and board for youth ages 18-21, expands the opportunity for states to offer Medicaid to youth transitioning from care, and increases state accountability for outcomes for youth transitioning from foster care.

By policy, all children over age 14 are to be referred to IL services, and all children with six months before expected emancipation are referred to TP services, but Subject Matter Experts (SMEs) involved in the workflow development groups indicated that in reality, all required referrals do not occur. In fact, some children may not be referred for IL services at all until they are over age 17. Because of the challenges facing former foster children when they venture out on their own, and the negative outcomes that are sometimes seen in this population of young adults, it is crucial that Indiana provide the necessary IL and TP services to all current and eligible former foster children.

State policy regarding Independent Living and Transition Planning is found in Section 4 of the Child Welfare Policy Manual. Training on Independent living policy, and the Independent Living Policy Handbook (an additional resource on policy in this area) has been delivered to staff throughout the state, and is available ongoing every six months. All DCS ICWIS users, service providers, foster parents, and IARCCA members have been provided with this training. SMEs expressed concern that the information



Indiana Review and Analysis Life of the Case – Independent Living/Transition Planning



provided in the training is inconsistent with written policy related to IL and TP services. If these concerns are valid, it is possible that information disseminated throughout the state may not support Indiana's official written policies relating to services for this population of children. The training curriculum should be reviewed to ensure consistency with intended state policy.

Summary

With the assistance of Chafee funds, Indiana provides IL and TP services to children in foster care over the age of 14, and former foster children over 18 who meet certain criteria. Although preparation for the responsibilities of adulthood is crucial to successful transition out of foster care, SMEs have indicated that not all youth receive these services. This may be due to lack of clarity relating to the requirements, or possibly because training and written policy are inconsistent. Ensuring participation by all youth will lead to better outcomes for Indiana's former foster children.

2. CRITERIA

- ☐ Youth ages 14-21, up to the 21st birthday, who are in foster care under the supervision of the local office of DCS, with a case plan establishing the need for IL services
- ☐ Youth ages 14-18 who were formerly in foster care as a CHINS between the ages of 14-18 who have been adopted and were receiving IL services prior to their adoption
- ☐ Youth ages 14-21 who were formerly in foster care as a CHINS between the ages of 14-18 that were returned to their own homes and remain a CHINS with a case plan establishing the need for IL services
- ☐ Youth ages 14-21 who were formerly in foster care as a CHINS between the ages of 14-18 under the supervision of the local office of DCS
- ☐ Young people who are 18-21 who would otherwise meet the eligibility criteria above and who were in the custody of another state or were a "ward of another state" will be eligible if through the "Interstate Compact for the Placement of Children" there is a verification of warships and all eligibility criteria from the state of jurisdiction
- ☐ Probation youth that do not meet the criteria above can be provided IL services with the contracted IL service providers with the billing made directly to the referring DFC and the cost being paid from the Family and Children's Fund

According to Indiana policy, all youth meeting the above criteria are to be provided with IL and/or TP services whether or not they are currently eligible for Title IV-E or other federal programs. IL services may be provided even if the permanency plan is adoption or reunification; these permanency goals do not preclude the provision of IL services. When placing youth in family foster homes, group homes, or residential child care facilities, FCMs are to ensure that an IL and/or TP assessment is completed as soon as possible following placement. The FCM is to initiate the development of agreements with the contract personnel that incorporates informal IL concepts into the youth's daily living arrangements. For children who have been in placement since before the age of 14, FCMs must monitor the case and implement appropriate IL services as soon as the child meets one of the above criteria.

3. ACTIVITIES

- ☐ Gather Information
- ☐ Organize/Analyze against the Criteria



Indiana Review and Analysis Life of the Case – Independent Living/Transition Planning



- ☐ Decisions
- ☐ Case Transfer/Handoff
- ☐ Supervisory Review and Quality Assurance
- ☐ Documentation

Gather Information

Information about the need for IL services is provided to FCMs by the ICWIS system. When a child in foster care turns age 14, ICWIS will generate a tickler, providing a reminder to the FCM to implement IL services for the child. No tickler is created for those youth requiring TP services at six months before expected emancipation; it is the FCM's responsibility to monitor the case and determine when TP services are appropriate. SMEs indicated that there are no standard tools or processes utilized throughout the state to assist in the decision about when a child is ready for TP services. This decision is made based on FCM professional judgment, with the input of supervisors and other FCMs in the case staffing setting.

Organize/Analyze Against Criteria

It is the responsibility of the FCM to pursue appropriate services for each child; the FCM must evaluate the child's current services, and if IL services are not provided through the child's placement, the FCM must make a referral to a contract provider for these services. SMEs indicated that there is no separate supervisory or quality assurance process to verify that services have been provided, and if those services are appropriate. ICWIS requires supervisory approval of the IL/TP services as part of the child's case plan, but policy does not address approval of these services as a separate activity.

Specific services to be provided will be determined by the results of the child's IL/TP assessment, which is administered by the contracted provider. Although the assessment itself, and the choice of service is determined and provided by a contracted entity, ultimately, DCS and the FCM are responsible for the child's well-being and development. For this reason, FCMs should be provided with the tools and guidelines to assess the services being provided. This is crucial to ensuring the continuity and congruency of child welfare services in Indiana, and to the child's development into an independent, self-sufficient adult. SMEs indicated that any assessment of services provided happens informally, and that specific tools and guidelines to monitor progress are not available statewide.

Decisions

As noted earlier, the FCM will make the referral to the contracted service provider, depending on the particular services needed by the child, and the capacity of the provider's contract (a provider list is located in the Indiana FSSA/DFC Independent Living Policy Handbook Appendices Q through V). The FCM will use the IV-B form to make this referral. For IL services, the contracted agency will conduct an assessment of the youth using one of the widely-accepted assessment tools available for this purpose (Ansell-Casey or Daniel Memorial). By policy, this assessment must be completed within 30 days of the referral.

A new assessment is completed for youth when they are ready to receive TP services. The Ansell-Casey or the Daniel Memorial tool is used again, but the focus of the assessment is on transitional planning only, which includes housing and employment. This assessment is also required by policy to be completed within 30 days of the referral. The Provider will forward the assessment to the FCM, and a case conference should occur to jointly determine the results and services to be provided. By policy, the contracted provider should meet with the youth and the FCM at least monthly to ensure a smooth transition into independent housing and employment upon emancipation.

Supervisory Review and Quality Assurance



Indiana Review and Analysis Life of the Case – Independent Living/Transition Planning



As noted earlier, the only stated supervisory involvement in the IL/TP phase in the life of the case is the approval of the Case Plan in ICWIS. Supervisors may be involved informally, or more formally in certain counties, in the IL/TP decisions, but state policy does not specifically enumerate this crucial step. In addition, there is no policy relating to the oversight and evaluation of IL/TP contracted providers by the FCM. Although this oversight may occur by Indiana's contract administrators, it is essential for the FCM and local office supervisory staff to be aware of services being provided to specific children, to guarantee continuity and congruency of services, and ensure foster children are prepared for emancipation.

In addition, SMEs stated that some courts do not review IL/TP plans during regular review hearings. Lack of FCM, supervisory, and judicial oversight of a child's progress in IL/TP services means that some of Indiana's youth may not receive appropriate, effective services to aid in their transition to adulthood. It is recommended to develop statewide policy and practice relating to supervisory and judicial oversight and review of IL/TP progress, including standardized written summaries.

Handoff/Case Transfer

Although services will be implemented by a service provider, the FCM is still responsible for ensuring that the services are appropriate and effective for the child, and support his or her case plan and permanency plan goals. Best Practice would recommend holding a case conference and reassessment of the youth no more than every 6 months. By policy, the Independent Living Plan must be updated ever 180 days with progress and continuing needs reported.

Indiana's Independent Living Policy Handbook states that "Service Providers will provide social services either directly or by referral that include a comprehensive independent living assessment and written independent living plan, which is strengths based, developmentally appropriate and involves the youth, caregiver, and other significant persons in its development. Services will build on the youth's positive behaviors, personal strengths, and recognize the need for advocacy by case managers, social workers, counselors, and foster parents/caregivers." For all of these reasons, FCMs should closely monitor and participate in IL/TP services to ensure that those goals are being met, and are consistent and congruent with the child's other Case Plan activities.

Documentation

FCMs update the Case Plan (section F) in ICWIS to document IL/TP services and progress. By policy, the plan must be updated every 180 days with progress and continuing needs reported in the same section. Objectives and activities are to be entered in section H that follows the plan. Note that in addition to the Case Plan updates, FCMs must update separate screens for IL, constituting double entry and duplication of effort. TP information is captured only in the Case Plan screens; there are no separate screens for TP. SMEs indicated that often, FCMs will not record the actual services provided as part of the IL/TP process in ICWIS, because services themselves must be entered in a completely separate module; services are not captured in the Independent Living module of ICWIS or the Case Plan. SMEs participating in workgroups for the Intake and Investigation and Ongoing Case Management phases in the life of the case also indicated that this issue also prevented FCMs from entering other types of services for children into ICWIS.

Summary

Policy relating to IL and TP services focuses on the requirements, types of services, and process of referral to a provider, but does not address specific FCM responsibilities in the management and oversight of IL and TP services. Although these services are instituted and managed by contracted service providers, FCMs are primarily responsible for overall case management. If continuity and congruency of services are to be ensured, the FCM must have guidance and support in assessing the impact and appropriateness of contracted services. Currently, there is no specific policy, guidelines, or decision support tools to assist in this process. Data entry is cumbersome, and supervisory involvement is required only in ICWIS, not by policy.



Indiana Review and Analysis Life of the Case – Independent Living/Transition Planning



4. DECISIONS

- ☐ Identify Appropriate Time for Referral
- ☐ Make Appropriate Referral
- ☐ Monitor Services

The FCM's first responsibility in the IL/TP phase in the life of the case is to make an appropriate and timely referral to a service provider. FCMs must monitor the ages, permanency plans, and needs of their caseload, and respond to ICWIS ticklers reminding them to implement IL services. For older youth, FCMs must determine when a foster child is expected to leave care, and implement TP services without the aid of an ICWIS tickler. Other than the tickler, there is no reminder or support tool to assist FCMs in determining when IL or TP services are necessary and appropriate.

FCMs must also determine the types of services needed by a child (IL or TP), and make a referral to a provider that can offer those services. SMEs indicated that often, counties have limited provider options, and all referrals are made to the same group of providers no matter what services are actually required by the child. Although services are implemented by the provider, the FCM must still participate in the development of the IL/TP Plan, and is ultimately responsible for ensuring the continuity and congruency of services. By working with the child, family, and provider to develop an IL/TP Plan within the Case Plan in ICWIS, the FCM should coordinate all services and ensure the appropriateness of the IL/TP plan.

Ongoing services should be monitored to ensure they achieve desired outcomes and continue to support the child's permanency plan. The FCM may not continue this involvement after the child's emancipation, but should remain the child's main advocate until such time as placement and care responsibility is discharged. Unfortunately, because the FCM is not actually primarily responsible for providing IL/TP services, it is difficult to monitor the quality and impact of the IL/TP services, especially in the absence of decision support tools to help them do so.

5. HANDOFF/CASE TRANSFER

- ☐ FCM to Contracted Service Provider

Policy does not identify a formal handoff process from the FCM to the IL/TP service provider. Best Practice would include the use of case conferencing and involvement of the youth, family, FCM and provider in all decisions and progress reporting. SMEs indicated that sometimes, FCMs see IL/TP as something for which they simply make a referral and turn over to the service provider. But research shows that outcomes are significantly improved when there is appropriate preparation for the child, family, and provider before referrals of this sort are made. Consistent Statewide policy on the referral process and a standard "handoff packet" for IL/TP services would help achieve the desired outcomes for Indiana's former foster care young adult population.

6. RECOMMENDATIONS

IL and TP services set the stage for adult life for youth that have been in DCS care. The purpose of the IL/TP services is to prepare for the transition out of foster care and provide youth the support and resources to ensure a smooth transition. Based on review and analysis of Indiana's IL and TP policy, and discussion with the SMEs, the following recommendations are offered:



Indiana Review and Analysis Life of the Case – Independent Living/Transition Planning



Policy/Procedure

1. Expand the Independent Living Screens in ICWIS to include goals and objectives (currently part of the Case Plan). Providing space to capture this information within the Independent Living screens would prevent FCMs from duplicating data entry in ICWIS.
2. Modify ICWIS so that Service Provider information may be entered directly into the Independent Living Screens, rather than in a separate module.
3. Alter policy so that a case conference involving the FCM, provider, and child is mandatory after an IL or TP assessment. Currently, training and the Independent Living Policy handbook address this need, but the Child Welfare Policy Manual does not.
4. Develop policy and decision support tools to assist FCMs and Supervisors in the oversight and monitoring of IL/TP providers.
5. Clarify policy relating to the referral process for youth approaching emancipation. Because there is no tickler, FCMs need clear policy to assist in determining when TP services are appropriate.
6. Develop consistent statewide court approval requirements for IL/TP progress. Currently, practice varies by county concerning the type of documentation provided to courts, and the type of judicial oversight practiced.
7. Clarify policy relating to the frequency of reassessments and progress reports. Currently, the Independent Living Policy handbook and training indicate that reassessments should occur no more frequently than every 6 months, but this is not addressed in the Child Welfare Policy Manual.

Decision Support/Validation

1. Develop decision support tools to assist in the process of identifying appropriate services for a given child in care, and of assessing the impact of IL/TP programs provided by contracted service providers.

Supervisory Review

1. Develop a Supervisory approval/quality assurance process for IL/TP services to ensure that a) services are implemented when necessary; b) services are appropriate; and c) desired outcomes are achieved.
2. Expand the tickler process in ICWIS so that Supervisors, as well as FCMs, are notified when children in care require IL or TP services.
3. Develop policy specifically requiring Supervisory approval of the IL/TP part of the Case Plan. ICWIS requires this, but policy does not specifically address it.
4. Review training curriculum to ensure consistency with official Indiana written policy.

Case Transfer

1. Develop specific policy and procedures regarding the handoff of information to providers, and the preparation for all parties for IL/TP services.